



**City of Springfield**  
225 Fifth Street  
Springfield, Oregon 97477  
Ph: (541)726-4652 Fax: (541)726-4614  
An Affirmative Action/Equal Opportunity Employer

**Application:**  
☐ **Volunteer**  
☐ **Teen Volunteer**  
☐ **Intern**  
☐ **Contracted Labor**

Please Print

Name   
Last First Full Middle

Address   
City State Zip

Mailing Address (if different)   
City State Zip

Preferred Phone / Type  Secondary Phone / Type

DOB  Driver's License #  State  E-Mail

Have you ever been convicted of a criminal act? ☐ Yes ☐ No

Have you ever been employed by the City of Springfield employee? ☐ Yes ☐ No

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield.

Days/times you are available to volunteer: ☐ Mon  ☐ Tue  ☐ Wed   
☐ Thurs  ☐ Fri  ☐ Sat  ☐ Sun  ☐ Special Events \_\_\_\_\_

How many hours are you able to commit to volunteering each week? [Click for Choices](#)

How long can you commit to volunteering? [Click for Choices](#)

Do you want to volunteer in additional areas in the future? ☐ Yes ☐ No

May we contact you regarding other opportunities? ☐ Yes ☐ No

#### INTERNSHIP COOPERATIVE WORK EXPERIENCE

Are you applying to earn high school or college credit through volunteering? ☐ Yes ☐ No

• Name of school and program:

• How many hours per week are required?  Total hours are required?

What term would you prefer your internship to be: [Choose an item.](#)

#### SCHOOL HISTORY

Do you have a high school diploma or equivalency? ☐ Yes ☐ No

School :

List all schools attended and their location

Credits Completed

Type of degree earned

Course of study

  
  
  
  

#### VOLUNTEER OPPORTUNITIES

If you have any special skills/talents to offer, please mark the box in front of each relevant area below.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Desktop Publishing         | <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Research                   | <input type="checkbox"/> Citizen Patrol                |
| <input type="checkbox"/> Event Planning             | <input type="checkbox"/> Photography          | <input type="checkbox"/> Fire and Life Safety       | <input type="checkbox"/> Library                       |
| <input type="checkbox"/> Filing                     | <input type="checkbox"/> Proofreading/Editing | <input type="checkbox"/> Vehicle Maintenance/Fleet  | <input type="checkbox"/> Phone Calling                 |
| <input type="checkbox"/> Customer Service/Reception | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Public Relations/Publicity | <input type="checkbox"/> Writing (newsletter articles) |
| <input type="checkbox"/> Data Entry/Typing          | <input type="checkbox"/> Grant writing        | <input type="checkbox"/> Recruiting                 | <input type="checkbox"/> Other <input type="text"/>    |

Typing speed \_\_\_\_ WPM. Can you operate a computer? ☐ Yes ☐ No which software programs can you operate proficiently?

☐ Microsoft Word ☐ Microsoft Access ☐ Microsoft Excel ☐ Microsoft PowerPoint ☐ Microsoft Publisher

Other software programs you can operate:

What position/Department are you applying to work within?

Do you speak, read or write a language other than English fluently? ☐ Yes ☐ No

If yes, which language(s) do you speak

Read

Write

How did you learn about the Volunteer Program? Choose an item.

### VOLUNTEER EXPERIENCE

Do you have any current or former volunteer experience (including community volunteering, internships, cooperative work experience, practicums or any other unpaid work experience)? ☐ Yes ☐ No If yes, please provide details below.

Agency:

Duties:

Agency:

Duties:

### EMPLOYMENT HISTORY

Are you retired? ☐ Yes ☐ No If yes, occupation you retired from:

Are you currently employed? ☐ Yes ☐ No Are you seeking employment? ☐ Yes ☐ No If yes, ☐ part-time ☐ full-time

Please document your most recent employment below. Attaching a résumé to your completed application is encouraged but not required.

Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Job Title:

Dates of Employment From: Click here to enter a date. To: Click here to enter a date.

Duties:

Reason for leaving:

☐ Currently employed/have not left employment

Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Job Title:

Dates of Employment From: Click arrow to enter a date. To: Click arrow to enter a date.

Duties:

Reason for leaving:

☒ Currently employed/have not left

Any additional information / comments you would like to provide:

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I have reviewed the job description and meet the minimum requirements to volunteer in the desired position. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department. I authorize the use of my photograph.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

Signature:

Date: June 10, 2015

(If under 18, Parent or Guardian Signature Required)

Last updated 09/25/2014



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225 Fifth Street  
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Ph: (541)726-4652 Fax: (541)726-4614  
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Employee: # \_\_\_\_\_  
Position # \_\_\_\_\_  
Application: ☐ Volunteer  
☐ Teen Volunteer ☐ Intern  
☐ Contracted Labor

To be completed by **CANDIDATE** – All information is **REQUIRED**

Full Legal Name \_\_\_\_\_

Last

First

Full Middle

Physical Address \_\_\_\_\_

City

State

Zip

Preferred Phone / Type \_\_\_\_\_ Secondary Phone / Type \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of Work \_\_\_\_\_

Department(s) of Interest

☐ City Manager's Office ☐ Courts ☐ Development & PW ☐ Finance ☐ Fire & Lift  
Safety ☐ Human Resources ☐ Information Technology ☐ Library ☐ Police

Other Language(s) Spoken: Willing to Translate: ☐ Yes ☐ No ☐ High ☐ Medium  
☐ Low

Language 1: \_\_\_\_\_ Speak? ☐ Read? ☐ Write? ☐

Emergency Contacts—Place list in order of preference

Name/Relationship

Primary Ph# ☐ Cell ☐ Home ☐ Other

Alternate Ph#

City, State

Name/Relationship

Primary Ph# ☐ Cell ☐ Home ☐ Other

Alternate Ph#

City, State

Name/Relationship

Primary Ph# ☐ Cell ☐ Home ☐ Other

Alternate Ph#

City, State

☐ By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.

Candidate Signature: \_\_\_\_\_

Date: **June 10, 2015**

To be completed by **FACILITATOR**

Assignment  
&  
Department: \_\_\_\_\_

Facilitator Name: \_\_\_\_\_ Start & End Dates: \_\_\_\_\_

Ph Ext.: \_\_\_\_\_ Staff Approving Time Card: \_\_\_\_\_

Picture: ☐ Taken & Emailed  
☐ Needed

Requested Access: ☐ Computer\*  
☐ Time Card  
☐ Email  
☐ Name Change ☐ Notify IT  
☐ New Badge

☐ Other: \_\_\_\_\_

Dept Drive Access/Name: \_\_\_\_\_

**\* When computer access is granted, volunteers and interns will receive access to the Volunteer Drive and an I:Drive.**

On Line Learning Center System Access Requested ☐

Notes: \_\_\_\_\_

- Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.
- Facilitator must contact Human Resources at the end of service to update personnel records.
- Facilitator is also responsible for the return of ID Badges to HR.

Route completed form to Volunteer Coordinator c/o Human Resources KarLynn Akins at 4652.